

## Data Sheet

<b>USAID Mission:</b>	Haiti
<b>Program Title:</b>	Health Systems
<b>Pillar:</b>	Global Health
<b>Strategic Objective:</b>	521-AAA
<b>Status:</b>	New in FY 2007
<b>Planned FY 2006 Obligation:</b>	\$0
<b>Prior Year Unobligated:</b>	\$0
<b>Proposed FY 2007 Obligation:</b>	\$15,812,000 CSH; \$24,282,000 GHAI
<b>Year of Initial Obligation:</b>	2007
<b>Estimated Year of Final Obligation:</b>	2009

**Summary:** USAID will launch a new three-year country strategic plan for health in 2007. Many of Haiti's health challenges and technical obstacles remain, so many basic services requiring support will be the same as the current strategy. Haiti continues to have some of the worst health indicators in the region of Latin America and the Caribbean. Some of the major constraints that continue to hamper performance in the health sector include: weak management capacity of the public sector; poor access and quality of essential health services; low coverage of services; dilapidated infrastructure; outdated skills of service providers; weak information management; and inefficient commodities logistic systems. The new program will seek to build on the achievements of the past few years, particularly in strengthened coordination and management of community-based and NGO service networks. A critical element of the new strategy will be a stronger and more pro-active role of decentralized Ministry of Health (MOH) directorates to lead and provide technical oversight to NGO and donor activities for greater efficiency and people-level results. In order to empower public sector leadership and build accountability with civil society, USAID's decentralized technical and financial support to the MOH will be increasingly performance-based.

All family planning assistance agreements will incorporate clauses that implement the President's directive restoring the Mexico City Policy.

### **Inputs, Outputs, Activities:**

#### **FY 2006 Program:**

No activities will be carried out under this program during FY 2006. This strategy begins in FY 2007.

#### **FY 2007 Program:**

Improve Child Survival, Health and Nutrition (\$5,700,000 CSH): Haiti continues to have the worst immunization coverage in the region, and children die before the age of five due to preventable causes. USAID will continue to expand best practices for immunization. The new strategy will capture missed opportunities for immunization with community referrals, post-natal visits, and growth monitoring activities. Public-private partnerships for food fortification and marketing of water purification products will be vigorously pursued in the new strategy. Principal implementers: contractors and grantees to be determined through competition.

Improve Maternal Health and Nutrition (\$1,900,000 CSH). Haiti's women continue to have the poorest maternal health in the region, with most births due to poor reproductive health, pregnancy and related complications, and poor quality of maternal health and nutrition services. USAID will encourage safe motherhood interventions which include: improving provider skills to increase safe deliveries; upgrading infrastructure and basic antenatal equipment; and improving links with food programs to address malnutrition among pregnant women and new mothers. Principal implementers: Contractors and grantees to be determined through competition.

Prevent and Control Infectious Diseases Of Major Importance (\$1,000,000 CSH). USAID is phasing out its Latin America malaria programs outside the Amazon Basin, so the Haiti program expects to focus on tuberculosis (TB) and TB/HIV linkages through the President's Emergency Plan for AIDS Relief (PEPFAR). USAID will provide technical assistance to the Global Fund for AIDS, Tuberculosis and Malaria and the national TB control program to increase MOH capacity to accelerate implementation and produce results in combating TB, malaria, and other emerging diseases such as the avian flu. Principal implementers: Contractors and grantees to be determined through competition.

Reduce Transmission and Impact of HIV/AIDS: See the State Department's Congressional Budget Justification, Global HIV/AIDS Initiative section, for a discussion of this program.

Support Democratic Local Government and Decentralization (\$1,000,000 CSH). As Haiti transitions politically, USAID will continue expansion and promotion of the GOH's strategy to improve local governance in health service delivery through decentralization to Haiti's geographic departments. The new strategy will build on efforts to develop a national health framework, rationalize resource allocation, and foster program coordination among donors. USAID will continue to work with the MOH to strengthen the national health information systems and promote evidence-based planning and monitoring. Innovative successful approaches with the private sector such as performance-based funding will be a feature of working with the public sector in the new strategy. Principal implementers: Contractors and grantees to be determined through competition.

Support Family Planning (\$6,212,000 CSH). Haiti has one of the lowest rates of contraceptive prevalence in Latin America. Nearly 40% of women of reproductive age would like to postpone or space their pregnancy, yet they are not currently using any form of family planning. USAID hopes to increase funding for family planning services and expand the method mix to respond to these high levels of unmet need. The new strategy will support MOH advocacy and leadership to reposition family planning in Haiti as a basis for improving maternal and infant health. USAID continues to be the lead donor and will provide coordination, technical guidance, commodities, and information management to improve family planning use in Haiti. Principal implementers: Contractors and grantees to be determined through competition.

**Performance and Results:** By the end the program, more Haitians will have access to quality, essential health services. The following should improve: the public sector's ability to take more leadership in planning and implementing services at the departmental level; public/private collaboration for expanding services throughout Haiti; skills of health providers by utilizing standard norms and protocols; health infrastructure, health information management, and commodities and logistic systems. It is anticipated that citizens will be better informed and increase their utilization of health services in order to more actively participate in improving their own health. The number of children under age five receiving Vitamin A supplementation will increase to 600,000 up 45,000 over 2006. The percentage of children under age one fully vaccinated will be maintained at 85%, and contraceptive prevalence will increase to 33%.

## US Financing in Thousands of Dollars

Haiti

521-AAA Health Systems	CSH	GHAI
<b>Through September 30, 2004</b>		
Obligations	0	0
Expenditures	0	0
Unliquidated	0	0
<b>Fiscal Year 2005</b>		
Obligations	0	0
Expenditures	0	0
<b>Through September 30, 2005</b>		
Obligations	0	0
Expenditures	0	0
Unliquidated	0	0
<b>Prior Year Unobligated Funds</b>		
Obligations	0	0
<b>Planned Fiscal Year 2006 NOA</b>		
Obligations	0	0
<b>Total Planned Fiscal Year 2006</b>		
Obligations	0	0
<b>Proposed Fiscal Year 2007 NOA</b>		
Obligations	15,812	24,282
Future Obligations	0	0
Est. Total Cost	15,812	24,282